

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY	ATTORNEY'S DOCKET PB60373
<input type="checkbox"/> Declaration submitted with initial filing or <input type="checkbox"/> Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	First Named Inventor: Stephen AUGUSTYN
	<u>Complete if known:</u> App No.:
	Filing Date
	Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENT DISPENSER

the specification of which (check only one item below):

☐ is attached hereto.
 OR
☒ was filed on ____ as United States application Serial No. _____ or PCT International

Application Number PCT/EP2004/008235 filed 21 July 2004 and was amended on (MM/DD/YYYY)
 _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

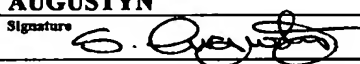
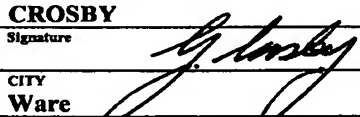


I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0317374.7	Great Britain	24 July 2003	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.		
2.		
3.		

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET NUMBER PB60373
Continued				
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			PATENTED	PENDING
			ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462				
Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Calls to:	
			James RIEK 919 483 8022	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME AUGUSTYN	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 7th SEPT 2004
	RESIDENCE & CITIZENSHIP	CITY Milton Keynes	STATE OR FOREIGN COUNTRY Buckinghamshire, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CROSBY	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 7th SEPT 2004
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DAVIES	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 7 Sep 2004
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME HARVEY	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 13th SEPT 2004
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME PALMER	FIRST GIVEN NAME Mark	SECOND GIVEN NAME/INITIAL Gregory
0	INVENTOR'S SIGNATURE	Signature <i>Mark Palmer</i>		Date: <i>13 SEPT 2004</i>
5	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
0	INVENTOR'S SIGNATURE	Signature <i>Paul Kenneth Rand</i>		Date: <i>7th Sept. 2004</i>
6	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Alan	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE	Signature <i>A. Wilson</i>		Date: <i>13th Sep 2004</i>
7	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		STATE & ZIP CODE/COUNTRY North Carolina 27709, US